

CMS AGENCY SPECIAL CONSIDERATIONS WORKSHEET

AGENCY INFORMATION	
AGENCY NAME:	AGENCY ABBREVIATION:
AGENCY WEB ADDRESS:	
AGENCY PIO NAME:	EXECUTIVE SPONSOR:
AGENCY MIGRATION LEAD:	IN.GOV MIGRATION LEAD:
DATE PREPARED:	DATE LAST MODIFIED:
BASIC APPLICATION INFORMATION	
NAME:	
PURPOSE:	
WEB ADDRESS:	
BUSINESS CONTACT(S):	
TECHNICAL CONTACT(S):	
DETAILED APPLICATION INFORMATION	
<ol style="list-style-type: none">1. What are the functional requirements for the application?2. Is the application custom or packaged software? If packaged, please include vendor and version information. If custom, who built it?3. What technologies does the application use? Please include detailed information about the database, application, and presentation layers.4. Does the application require user authentication? If so, please explain the type of authentication, detailed information about the directory, and the number of users.5. Where is the application hosted?6. Who supports and/or manages changes to the application?7. Does documentation exist for the application? If so, please attach a copy to this worksheet.	